

# **Suggested Format for Petition/Application for REGIONAL SERVICE PROVIDER CERTIFICATION**

**[Water/Sewer System Company Letterhead]**

**[Date]**

Utilities & Districts Section, MC-153  
Texas Commission on Environmental Quality  
P.O. Box 13087  
Austin, Texas 78711-3087

Re: Regional Service Provider Certification by **[Name of Water/Sewer Service Company or Corporation]** Pursuant To Section 15.001(13) Texas Water Code and Section 151.355(5) Texas Tax Code.

This petition is a result of **[Name of Water/Sewer Service Company or Corporation]**'s Board action on **[Date approved in Board Action]** authorizing a petition to the Texas Commission on Environmental Quality (TCEQ) for Tax-Exempt status in accordance with Section 15.001(13) Texas Water Code and Section 151.355(5) of the Texas Tax Code.

The **[Name of Water/Sewer Service Company or Corporation]** meets the TCEQ's requirements for a regional service provider as follows:

**[Include only the criteria below which apply to the Water/Sewer Service Company or Corporation (Utility)]**

1. One owner and one large system serves several different communities or subdivisions **[State that the Utility is the only owner and include the number of communities or subdivisions (identifying each) for which it provides service and the total number of connections served];**
2. One owner and several isolated systems each provide service to one or more communities or subdivisions **[State that the Utility is the only owner and include the number of isolated systems (identifying each), the communities or subdivisions for which they provide service and the total number of connections served];**
3. Several owners, each with individual systems operated through a centrally coordinated operating system **[State the names of all of the owners (including the Utility), the number of communities or subdivisions (identifying each) for which they provide service and the total number of connections served];**
4. Several owners, each with individual systems operated through a central wholesale provider **[State the names of all of the owners (including the Utility), the number of isolated systems (identifying each), communities or subdivisions for which they provide service and the total number of connections served];**

Please note that the signature below attests that the information provided above is true and complete.

We also understand that the TCEQ may disapprove this request and revoke subsequent certification at any time if it is determined by the TCEQ that the information provided in this request is false or misleading.

Sincerely,

**[Responsible Official's name, signature, address and contact information (if not already on letterhead)]**